Public Medication Donation Form



Wyoming Medication Donation Program
2300 Capitol Ave * Hathaway Bldg, Suite B27 * Cheyenne, WY 82002
Ph: (307)-635-1297 OR (855)-257-5041

Please fill out the following information:				
Donor Name: Date of Donation: Signature:		City:		
		State:		
		Zip code:		
 If you are mailing the do via USPS, UPS, or FedEx. 	nation and would like delive	IOT provide tax receipts for individual donors. ery confirmation, use a delivery confirmation method ation Donation Program staff, the box must not be an 25 pounds.		
	We <u>DO NOT</u> Accept:			
	□ Opened			
	☐ Expired (less than 5 m	onths before expiration)		
CTOD	☐ Controlled Substances	(e.g. medications for pain, anxiety, ADHD, etc.)		
PIUL	☐ Refrigerated medicine			
	☐ Medical Supplies			
	☐ Insulin Syringes			
	☐ Empty Bottles			
	□ Veterinary medicine			
Disposal Options:				
1. Dispose at a Drug Drop	Box – In Wyoming, text [c	ounty name] to (307) 370-2086 for locations.		
2. Dispose at home- Visit	our website for details: ww	vw.wyomedicationdonation.org		
		System available in select WY counties through the		
Prevention Management	: Organization. Visit our web	osite for details.		
Donate if <u>BOTH</u> criteria app	ly: ☐ Sealed packag	ing		
 · ·	☐ In date (5+ bet	· -		
When donating:				
Remove/mark of	out any patient identifying	information (name, date of birth, Rx number, etc.)		

Donated Medication Information - Fill out as completely as possible

Medication Name & Strength	Quantity	Expiration Date
Lisinopril 20mg	90	12/2018
NDC# EXAMPLE	Manufacturer	WMDP Staff Use
68180-0981-03	Lupin	

Ensure that the drug name and expiration date remain visible on the container

Medication Name & Strength	Quantity	Expiration Date
NDC #	Manufacturer	WMDP Staff Use
Medication Name & Strength	Quantity	Expiration Date
NDC #	Manufacturer	WMDP Staff Use
Medication Name & Strength	Quantity	Expiration Date
NDC #	Manufacturer	WMDP Staff Use
Medication Name & Strength	Quantity	Expiration Date
NDC#	Manufacturer	WMDP Staff Use
Medication Name & Strength	Quantity	Expiration Date
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Medication Name & Strength	Quantity	Expiration Date
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Medication Name & Strength	Quantity	Expiration Date
NDC#	Manufacturer	WMDP Staff Use
Medication Name & Strength	Quantity	Expiration Date
NDC#	Manufacturer	WMDP Staff Use
Medication Name & Strength	Quantity	Expiration Date
NDC #	Manufacturer	WMDP Staff Use

Completion of this form is pursuant to the Drug Donation Program Act, Wyoming House of Representatives Bill No. 0194 and the Wyoming Administrative Procedures Act. Section 6. Immunity. Any person or entity, which exercises reasonable care in donating, accepting, distributing/dispensing medications under the Drug Donation Program Act or rules and regulations adopted and promulgated under this act shall be immune from civil or criminal liability or professional disciplinary action of any kind for any related injury, death or loss.